

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/700,906
Applicant: Benjamin OSHLACK et al.
Filed: November 4, 2003
Art Unit: 1615
Examiner: Humera N. SHEIKH
For: **TAMPER-RESISTANT ORAL OPIOID
AGONIST FORMULATIONS**

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 1, 2009

INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with Applicants' duty of disclosure under 37 C.F.R. § 1.56 and the provisions of 37 C.F.R. §§ 1.97 and 1.98, Applicants hereby make of record the document cited on the accompanying Form PTO-1449 (1 page) for consideration by the Examiner in connection with the examination of the above-identified patent application.

In accordance with 37 C.F.R. § 1.98(a)(2), a copy of the document is enclosed.

The document was cited in the Extended European Search Report ("Extended ESR") issued in connection with European Patent Application No. EP 09 00 6024 on September 23, 2009. A copy of the Extended European Search Report is attached as Appendix A.

Applicants note that EP 0 647 448, WO 99/32120, and WO 97/33566 cited in the

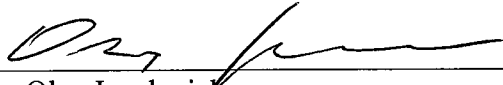
Extended ESR were previously submitted in the present application as references BL, BO, and CL with the Information Disclosure Statement filed on November 4, 2003; and that WO 99/32119 cited in the Extended ESR was previously submitted in the present application as reference AI with the Information Disclosure Statement filed on March 17, 2008.

It is respectfully requested that the information in the cited document and in the Extended European Search Report be considered and made of record.

This Information Disclosure Statement is filed under 37 C.F.R. § 1.97(c), "before the mailing date of any of a final action under § 1.113, a notice of allowance under § 1.311, or an action that otherwise closes prosecution in the application" and is accompanied by a check to cover the fee set forth in § 1.17(p). In the event any additional fee is due or an overpayment has been made in connection with the filing of this Information Disclosure Statement, the Commissioner is hereby authorized to charge said fee or credit said overpayment to our Deposit Account No. 50-0552.

Respectfully submitted,

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